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PUERPERAL METRO-PERITONITIS THREE DAYS AFTER DELIVERY,
COMPLICATED WITH SEVERE PECTORAL DISEASE.

From a Clinical Lecture at the Hotel Dieu, Paris, by A. F. Chomel, M.D.

At No. 3 of the Salle St. Bernard, commenced Dr. Chomel, is a woman who is attacked with puerperal metritis. The disease first appeared at the Maternity Hospital, where the woman was delivered. She tells us that, having suffered a good deal of distress from her position in life, her pregnancy was accompanied from the commencement by a *malaise*, nearly constant; and that when it had reached the seventh month, she suffered so much that she determined on entering the Maternity, where she was soon afterwards delivered. The labor, it appears, was natural, but afterwards there was an abundant flow of blood, and subsequently severe pain in the hypogastrium.

On the third day after delivery she had a chill, the breasts swelled, and the abdomen became painful. Leeches were applied to the abdomen, which diminished somewhat the intensity of the pain; she had, however, general *malaise* until the seventh day, when she left the hospital and went home in a carriage, which seems to have shaken her a good deal. On reaching her house she was taken with a chill, with pains in the limbs and lower part of the abdomen. She then determined on entering the Hotel Dieu, where we found her condition as follows:

At first sight of this patient there was an air of suffering and oppression. The belly was voluminous and meteoric; touching it gently produced pain, especially when you pressed on the hypogastric region. For two days previously she had had repeated bilious vomiting, with small alvine evacuations. On examining her *per vaginam*, we found the os *tincæ* soft, and a little sensible; but on introducing the end of the finger into the neck of the uterus, and endeavoring to displace that organ, there was abnormal immobility, which seemed due to adhesions, which the fundus has contracted with the adjacent organs. On pressing with the hand on the hypogastric region, whilst the finger of the other hand was in the neck of the uterus, some obscure motions were determined, and we found that the fundus was several inches above the pubis. The finger, on being withdrawn from the vulva, was bathed by a whitish, sticky liquid, somewhat fetid.

This collection of symptoms did not permit us to doubt, for a moment, the existence of a metro-peritonitis, in which the peritoneum was

secondarily affected, which most frequently happens ; the peritoneum ordinarily inflames after the uterus.

As general symptoms, we had great dryness of the tongue and mouth, with thirst. The skin was hot, the pulse 140, and the features very much changed.

This affection differs materially from that which we call post-*puerperal metro-peritonitis* ; it is, as a general rule, a much more severe disease. In our patient, happily, it appeared several days after her delivery ; the initial chill occurred on the third day. Now, the more remote the period of the chill is from the day of delivery, the less severe is the disease which supervenes. The post-*puerperal metro-peritonitis* is, in this respect, like those *phlegmasiæ* which are produced by exterior causes, and which are always less grave than those which succeed to some general spontaneous cause ; whilst *puerperal metritis* is consecutive to some profound general alteration of the system, having for a principal phenomenon one or more chills, and is always a very grave disease. There is always fear of inflammation, either of the veins or of the lymphatics ; and in either case the disease is serious. We have the more to fear a disease of this nature in our patient, from the fact that an epidemic of this kind is at present reigning at the Maternity, where she was taken sick. Hence our prognosis yesterday was unfavorable, although there were some encouraging symptoms.

To-day her condition has not improved. Her pulse is very frequent (160), and very small. Her features are very much drawn, and her face has an earthy tint, which is always a bad omen. The discharges from the vulva are becoming intolerably fetid. They have the odor characteristic of metritis, where great alteration in the organ has occurred. On examining her this morning, I discovered on the anterior face of the vagina a tumor, with distinct fluctuation, which at first led to the suspicion of a purulent collection ; but on introducing a catheter into the bladder, a large quantity of urine escaped ; and on re-examining her, the tumor had disappeared. There was here, therefore, a state of atony of the bladder, inducing retention of urine. It is, besides, a common symptom in women recently delivered ; and you should, therefore, always attend to the state of the bladder.

In the course of yesterday she complained of pain in the right side of the chest. On percussion it was found flat ; on auscultating her we discovered the respiration obscure below, and superiorly a bellows sound, with bronchial respiration. Here, then, we have a pleuritic effusion, complicating *metro-peritonitis*. It might happen that the liver, swollen, and pressed upwards, causes the dulness at the inferior portion of the right side. But at the superior portion of the lung respiration is obscure, and otherwise slightly abnormal. We must, therefore, admit absolutely a lesion, not only of the pleura, but of the parenchyma of the lung itself. These symptoms, of course, render the prognosis more grave.

A large blister has been applied over the whole anterior surface of the right side of the chest, in the hope of making a favorable revulsion, both for the disease of the abdomen as well as that of the chest. At the

same time we prescribed emollient injections, with the addition of the chloride of lime, into the vagina, with the view of correcting, as much as possible, the fetid nature of the discharges. Mercurial frictions on the abdomen, and purgative enemata, constitute the remainder of the treatment.

[Three days subsequently the patient succumbed. At the autopsy, there was found in the uterus a portion of placenta, with several coagula, surrounded by a sanious fluid, extremely fetid. The size and consistence of the uterus was nearly natural; its walls were in the condition we usually find them in on the eleventh or twelfth day after delivery. The uterine veins contained neither pus nor blood. In the broad ligament only there was a cavity of the size of an almond, filled with purulent matter. The peritoneum was covered with false membranes. In the peritoneal cavity there was nearly a pint of pus. There were false membranes in the pleura, especially about the summit of the lung, as well as upon the convex surface of the liver.]—*Phil. Medical Examiner.*

IMPULSIVE AND HOMICIDAL INSANITY.

From Dr. Woodward's Tenth Annual Report.

MANY cases of insanity exhibit no delusion, nor even permanent excitement. Monomaniacs converse well at times, and on many subjects. They are often irritable, excitable and passionate, but when not disturbed are calm and intelligent. The moral sense is as active and correct, with them, as with other persons; they know right from wrong, are sensible of their errors, lament the consequences of their excitement, and strive to control themselves, that they may do right and appear well. Many such cases are exceedingly conscientious, fear to do wrong, and are anxious to make reparation or acknowledgment.

Many insane persons know their condition, know their own weakness, and yet are not always able to counteract the influences that excite them to mischief. They are governed by impulse, which is excited so suddenly that the counteracting or antagonizing influences do not move seasonably to prevent mischief. This is their disease. The active propensities are quickened, and the counteracting moral sentiments are more tardy. As is commonly said, the individual acts before he thinks, and in a moment often regrets what he has done.

The impulsive insane are often irritable, restless and jealous. Sometimes they have delusions, and sometimes not. Their delusions frequently seem to have no connection with their outbreaks of violence. They are often the *best*, and at the same time the *most dangerous* class of patients in the asylums. They have little of the charity of the world, are most likely to be punished for their offences, and yet have the least control over their conduct.

One man in the Hospital, the past year, went out to do a small job of labor. In the absence of his attendant, the thought came into his head that he would go and see his brother, a distance of forty miles. He

dropped his tools and went off. He walked with great rapidity some hours; and then came the reflection—"Should I have left the Hospital in this way?" The reason why he should not have left did not occur to him till he had got far away, and then he was anxious to return. He inquired the way, wandered a great distance, and finally, coming to a rail-road, took passage and returned. He was overjoyed to get back, and seemed as well as usual, but much fatigued. This man killed his wife under the influence of one of these impulses. He is a good laborer, conscientious, judicious and honest. These impulses occur but rarely. He has always been trusted to labor alone, or with companions. Twice, in ten years, he has gone off under such an impulse, and returned voluntarily after it left him.

Another man, who is more constantly insane, left the Hospital under a similar impulse. He travelled two days, and then felt that he must return. He tried to hire the landlord with whom he stayed to bring him back, which he declined doing. He then endeavored to find his way back, but got into the wrong range of towns, and passed by. He was finally returned by a landlord whose house he visited, and a moderate sum was paid to the messenger for his trouble. The patient almost daily expresses his regret that so much money should have been paid for his return, when he could as well have come back alone, if he could have found the way. He declares he will never run away again. This man killed a neighbor, twenty-eight years ago, under the influence of one of these impulses.

Some time during the last summer, a patient was at work in the field, hoeing corn. His attendant directed him to vary his labor in some way. In a moment he raised his hoe, and struck him over the head. The wound bled freely, and looked more severe than it really was. The patient and the wounded man both returned to the house. Language cannot describe the suffering of this unfortunate man. He inquired of me most earnestly if the wound was fatal—if the man could recover. He was pale, agitated, trembling, expressed his sorrow and regret that he had done the deed, and begged that he might see the wounded man and obtain his forgiveness. After the wound was dressed, the man went into the apartment to see the patient, and fell upon his knees and asked forgiveness in most imploring language, expressing his sorrow for what he had done. This man also committed homicide some years ago, and now expresses his sorrow, protests his innocence of the crime, and daily prays to God for his forgiveness.

Many of the petty outbreaks in the institutions for the insane, such as breaking glass and crockery, tearing clothes and bedding, sudden excitement of passion, &c., are the result of these impulses, no less than the more serious matters of suicide and homicide.

Suicide is not always impulsive, though it is very frequently so. I have known many instances in which the fitness of the place and the means at hand seemed the causes that impelled to the act at the time.

Many persons contemplate suicide, fear that they shall in an unguarded moment perpetrate it, prepare and keep the means at hand for days and

weeks together, and yet never attempt it ; such a person may do it afterwards under a momentary but strong excitement of the feelings.

A patient now in the Hospital, who is very impulsive, has informed me that he has plunged into the water many times, with the intention of suicide, but that the effect of the water had always been such as to remove the desire of self-destruction, and he had immediately struggled to save himself.

One patient, who was very suicidal, informed me, after recovery, that, when he was insane, he contemplated suicide ; had the greatest dread of it, and fear that he might commit it ; urged his friends to keep everything out of his way, lest he might be induced to take his own life : and yet, at the same time, he would carry a razor in his pocket for days together, and secrete it under his pillow at night.

A patient now in the Hospital will often give up knife, scissors, and every weapon that may be used for self-destruction, and yet these same instruments will, at another time, be found secreted under the bed, though they have never been used. This shows that the subject is frequently in mind.

The result of my inquiries in regard to suicide is, that, while it is a subject often considered by the insane melancholic, yet, when the deed is done, it is more frequently under the excitement of one of these impulses, which hurries its victim to the deed of daring before the antagonizing influences are excited.

There have been fifteen persons in the Hospital, who have actually committed homicide under the influence of insanity ; and five others have made desperate attacks with deadly weapons, or inflicted wounds that did not prove fatal. In most of these cases, the fatal deed was done under the influence of insane impulse, which we have been considering.

In general, homicidal insanity is impulsive ; in a few cases only, so far as I have known, has there been any considerable premeditation of the act, even in cases of supposed command from powers which the insane individual felt bound to obey. The command and the execution of it are both impulsive, and generally follow one another in such quick succession that the opposing influences are not aroused to interfere and prevent the deed.

The interest at present felt in this subject, and the necessity of having all the facts that can be collected in a tangible form, have induced me to present in this report a brief history of the fifteen homicidal cases that have been under my care.

Seven of the fifteen cases of homicide that have been in the Hospital, were not considered insane before they committed the act. They were at work at their several employments, were not observed by those associated with them to have any evidence of alienation of mind, knew as well as others right from wrong, how to manage their affairs and conduct business well. The first overt act of insanity was the homicidal act, and that was impulsive. Yet in all these cases the symptoms of insanity have been clear and decisive since the patients came to the Hospital.

In this connection it may not be improper to say, that of all the cases that have come to my knowledge, and I have examined the subject with interest for many years, I have known but a single instance in which an individual arraigned for murder, and found not guilty by reason of insanity, has not afterwards shown unequivocal symptoms of insanity in the jails or hospitals where he has been confined; and I regret to say that quite a number who have been executed, have shown as clear evidence of insanity as any of these. In a large proportion of the cases, the insane man is desirous to keep the evidence of his mental alienation out of sight rather than to present it, while he who feigns insanity generally presents it in caricature.

I am aware that the plea of insanity is often made in criminal trials, and may be made so often as to excite public prejudice; but till the subject is better understood, it cannot be too frequently or too thoroughly investigated. The old boundaries *have been* or *will be* broken down, and new principles will govern courts and jurors in deciding upon the lives of their fellow men.

The abstract principles of right and wrong are as well understood by a large proportion of the inmates of insane hospitals as in the community at large. Even in sane communities, the question of *right* and *wrong* is every day considered by courts and jurors, and how often are they unable to agree as to what is right or decide what is wrong! In many cases of controversy the parties are often both honest in their opinion of *right*, though diametrically opposite to each other. Shall more be required of insane than of sane men, in such circumstances?

So far as I have been able, I have obtained some account of the trials of the cases of homicide that have been in the hospital; when I could not do this I have taken the history of the patients given by the officers who brought them to us, or by their friends, whom we have subsequently seen. We have also many circumstances of the cases from the patients themselves, who are the only persons that know the principal facts connected with them, and are able to state minutely every transaction. Some are indisposed to talk about it, others are greatly disturbed if the subject is mentioned, and two or three are too much demented to give any account of it.

POISONING BY ARSENIC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of arsenical poisoning was sent me by Dr. Gilman Davies, of Portland, Me. It appears to me particularly interesting from the quantity taken and the absence of any acute suffering, without any co-existent narcotism. I send it to you for insertion, if you think proper.

Yours, &c.

J. C. WARREN.

Boston, April, 1843.

On Wednesday, November 30th, at 1-4 to 2 o'clock, P. M., was called

to see Mrs. Moore, a widow woman with five children, residing in Pleasant street. The woman who came for me said "they were afraid she had been taking something to make way with herself." I went instantly to the house, and arrived there at about 2 o'clock. There were two or three of the neighbors present; but the eldest daughter, who was the only person who had been in the house with her mother during the day, and consequently the only one who could have given me any definite information, had become excessively alarmed, and had left the house.

I found the patient lying on her side in the bed, with her clothes on. Her eyes were closed; the cheeks flushed; the heart laboring, but with no perceptible pulse at the wrist; the breathing natural; the hands and legs of natural temperature, but the feet cold. In the bowl by the bedside was some greenish matter which she had just been vomiting—and they told me she had been vomiting a similar fluid all the forenoon. They likewise said she had been purged. The symptoms seemed to indicate arsenic as the poison taken, and I so stated to those present. They then told me that whatever it was, it had been taken about 8 o'clock in the morning, and that it had been procured at Mr. Gale's apothecary store. The woman herself, though hearing and looking up at me, when I addressed her, would answer no questions then. I immediately despatched a messenger to Mr. Gale's store to ascertain if he had sold medicine to such a person, and at once proceeded to assist the vomiting by a copious exhibition of the albumen of eggs in milk; concluding that the time which had elapsed since the taking of the poison made a resort to the sulph. zinci or the stomach pump of no avail; and I also gave the carbonate of iron in large doses at intervals, the hydrated sesquioxide not being obtainable here. The messenger returned and brought back word that Mr. Gale had sold about a half ounce of arsenic to the patient. (Mr. G. afterwards informed me that the quantity must have exceeded a half ounce considerably—but as he did not weigh it, we could only ascertain the quantity indirectly by his taking in his hand the amount sold as he remembered it, and then measuring it.) I again went to the bedside and asked the woman what she had taken. She asked me if Mr. Gale did not tell me. I replied that he said it was arsenic, and she then said it was. I asked her if she had taken all of it, and she said "Yes"—speaking with some effort, but with composure.

Deeming any further exhibition of the iron as futile from the immense quantity of arsenic taken, and the length of time that had elapsed, and any hope of saving the patient's life equally vain, I contented myself with exhibiting the albumen of eggs in milk, at intervals, and applied a mustard sinapism upon the epigastrium and one to each foot.

The symptoms previous to my arrival at the house I learned directly from the daughter the next day, so far as she had observed them, and I give them as she related them.

The patient was a strong and healthy woman of good stature and full habit, but had long been laboring under mental depression. On the morning of the 30th, she told her daughter that she did not feel well, and should take some salts. This was between 8 and 8½ o'clock. She

then went up stairs and soon returned with a tin pint with fluid in it, which she set upon the stove. After it had remained there a short time, she took it up, looked at it a moment and swallowed the contents. She then re-filled the pint with warm coffee and drank that also; then went to the porch and rinsed out the pint. She then put on her bonnet and went in to one of the neighboring houses—sat about a quarter of an hour—repeated to them that she should not live long, and then returned to her own house. As soon as she got home she threw herself upon the bed, and almost immediately began to vomit. To my question as to what she vomited, the daughter replied “it was a greenish matter, and once or twice towards noon some streaks of blood.” She could not tell how often her mother vomited, perhaps every fifteen or twenty minutes. I asked her if her mother complained of pain. She said no—nor did she groan as if in pain when raising herself in bed to vomit. She was not thirsty, never asking for drink. During this time and till after 1 o'clock there was no one present save this daughter (a girl of 19 years). After the mother had laid in this state for two or three hours, the daughter asked her what she had taken to make her vomit so. She replied that it was an emetic which she had taken. The daughter then heated some water and gave it to her mother to “make her vomit easier.” After vomiting, the mother always insisted upon the daughter’s emptying and cleaning the bowl. Things went on in this manner till about 1 o'clock, when she was purged for the first time since taking the arsenic. Soon after a neighbor called in, who, becoming alarmed, sent for some other women in the neighborhood, and I was then called.

I remained with the patient till her death (which occurred at 5 o'clock, P. M.,) with the exception of about one hour, during which I was obliged to be absent. She continued to vomit at intervals of twenty-five or thirty minutes till about 4 o'clock, and was purged four times during that time; the discharges from the bowels being always liquid and green, but never offensive. She complained of no pain or thirst; nor did she groan as if in pain; but to my question as to whether she suffered any pain, she said yes, in her stomach and bowels. Once only in the matter vomited I noticed a little florid blood. She died quietly, without any convulsion.

An examination, *post-mortem*, could not be obtained, though I urged it very strongly.

QUININE IN INTERMITTENT AND REMITTENT FEVERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—After several years’ practice in the West, where intermittent and remittent fevers prevail, and after watching the medicinal operations of sulphate of quinine upon the system in these diseases, my former views in regard to its operation have become entirely changed. Heretofore I have regarded it as a powerful tonic, and admissible only where there was a perfect intermission (which is, I believe, the generally received opinion). I have, within the last three or four years, given it without regard to the inter-

mission, remission or exacerbation, and with decidedly better success. A remittent very soon becomes intermittent under its use. We will take, for example, a case of *bilious remittent*, which is the most common form of fever in this Valley. After the bowels are thoroughly evacuated with mercurial cathartic, commence with one grain of the *s. q.* every hour, and it is rarely necessary to continue longer than thirty-six hours before there is a perfect intermission. Before its use, the pulse was from 100 to 120; skin hot and dry; tongue dry; great thirst; violent pain in the head and back. After the system has been kept under its use for a few hours, all these violent symptoms entirely vanish, and a speedy convalescence ensues.

Now what is the medicinal operation of the sulph. quinine on the system? I know of no article in the whole *materia medica* which produces the same results. It has been accused of producing enlargements of the spleen. I have frequently known it reduce them, and I verily believe that it is among our most valuable remedies in chronic enlargement of that organ.

If you should consider this hasty communication of sufficient consequence, you are at liberty to give it a place in your valuable Journal, for the sole purpose, on my part, of eliciting some light—for it does appear to me that this very valuable article of our *materia medica* is but imperfectly understood. I would propose that some more able than myself in the profession communicate their views, and I may at some future day give a detailed account of the many cases where I have administered the article, and the results.

S. S. RANSOM, M.D.

Burlington, Iowa, March 20, 1843.

"BRASS RATCHETS AND CORSLETS."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your Medical Journal of March 15th, my attention was arrested by the perusal of an article with the above caption, and signed by J. B. Brown, M.D., of Boston. I do not now offer any remarks for the purpose, merely, of answering Dr. Brown, but with a view, only, of correcting an important error, in his opinion, of the *brass ratchets and corslets*, as operating injuriously upon "many females," who, he says, have used them. It so happens that I have a daughter, 14 years of age, who has been severely afflicted with *curvature of the spine*, and she has been under the successful treatment of Dr. Abbe for a few months past.

Judging from what I have seen, and from the inquiries I have made at various times, and professionally feeling desirous to understand, correctly, the *principle* on which Dr. Abbe applies his instruments in this class of diseases, I am induced to say, candidly, that I feel *perfectly satisfied* with Dr. Abbe's mode of treatment throughout, and my wife avers that she is *perfectly delighted* with his management. This case was considered by all who saw her, previous to anything being done, to be a serious one, and the subject of it had always enjoyed very feeble health,

and was growing more feeble till the time that Dr. Abbe began with her—but now she has recruited very much in her general health, and the spine has become completely straight, and we have no doubt in a proper time that it will acquire its original strength.

If Dr. Brown be correct in his general views of the “alarming effects of the use of these instruments on the health of many females who have worn them,” how could it happen in the case just referred to, that she should have improved so fast, and ultimately so effectually? If patients were liable to suffer so essentially—if these *ratchets and corslets* were in reality so “injuriously” in their application, as has been stated by Dr. Brown, then I should presume, unhesitatingly, that this patient would have been the right one to have grown much worse. But this is not the fact—she began to improve from the first day, and has continued convalescent, gradually, ever since. If he wishes, Dr. Brown can have ocular demonstration of this statement, by calling at my residence, and if this will not convince him, then he would not be convinced “if one should rise from the dead.” I do not assert this from the supposition that he will finally prove so obstinate as not to be willing to be open to conviction—but allowing he should resist all rational evidence against his own favorite theory.

I have also good reason to believe, from many credible sources of information, that Dr. Abbe has been, generally, very successful in treating his spinal cases, and others of a similar character. Dr. Abbe appears to understand very well the laws of the economy, with all its functions, and philosophically adapts his instruments in accordance to these laws, and does not “impede the functions of all the thoracic and abdominal organs”—but, on the contrary, these instruments, when properly fixed for the case, are calculated to expand and enlarge the contracted capacity, so as to give a natural action to the respiratory muscles, or any other part which may be suffering from disease.

In view of all these facts, I am obliged to differ, in opinion, very widely, from Dr. Brown, and think Dr. Abbe would have failed in obtaining “a premium”—“if he had lived in the time of the inquisition”—for life seems to be preserved by him, rather than “certain death” produced.

In writing the foregoing, I have no further interest in the matter than the vindication of *truth*—and hope that my “*squib*” will prove equal to a “*thirty-two pounder*” in removing “fallacious impressions,” and remedy the evils which have been created” in this “unfortunate” medical oppugnation.

In concluding, I have the satisfaction of informing the medical faculty and the community in general, that Dr. Abbe is a regularly-educated physician, and obtained his medical degree and diploma at Yale College, Ct. I have always found him an accomplished and amiable gentleman in his deportment, and esteem him, as far as my acquaintance with him allows, as a man worthy of public confidence in his profession.

Boston, March 20, 1843.

Yours with respect,

ROBERT CAPEN, M.M.S.S.

CASE OF SALAAM CONVULSION, WITH REMARKS.

[We find the following interesting case related, in the last No. of the American Journal of Medical Sciences, by Dr. E. P. Bennett, of Danbury, Ct.]

In the No. of this Journal for July, 1841, p. 187, I noticed the report of a case of that peculiar form of convulsive disease called Salaam convulsion, by Dr. West, of Tunbridge, England; and in the January No. for 1843, p. 243, another slight case by Dr. Barton, of Pennsylvania. Both these writers speak of the disease as being exceedingly rare, and both consider its pathology as entirely unknown. That it is a rare form of disease will be admitted by all. Seven cases only are to be found on record in all Europe. Four of these cases occurred in the practice of Sir Charles Clark; two in the practice of Dr. Locock, and one case only came under the observation of Sir Astley Cooper. No case, so far as I can learn, has been recorded in the United States, previous to Dr. Barton's, which was a very slight one, indeed hardly sufficient to show the peculiar form of the disease.

The rarity of the disease, the obscurity of its pathology, and the disastrous results which have occurred in most of the cases reported, have induced me to send you the following report of a very severe and strongly-marked case which occurred in my own family, together with my views of its pathology, and the course of treatment which ultimately proved entirely successful in subduing the disease and restoring the patient to sound health.

The subject of this case was my own child, a twin son of six years old. He is tall and slender, with a constitution decidedly scrofulous, but had always enjoyed good health previous to his attack; was always sprightly and active, but could not endure fatigue as well as his twin brother. In December, 1841, I observed him one day, while apparently in good health, holding by the side of a door for support, and acting as though his right leg was useless. I at first supposed him playing, but soon found the leg was entirely powerless, though retaining perfectly its sensibility. I took hold of his arm and supported him, but he could not stand upon or move the leg at all; he complained of no pain, and in the course of a minute regained the use of the limb and returned to his play with his usual activity. These turns occurred once in a week or ten days for three or four weeks. While actively engaged in playing he would suddenly fall down and lie from thirty seconds to a minute without the least convulsion, and perfectly conscious; he would then jump up and away to his play as lively as ever. In January, 1842, the leg began to be convulsed; it would gradually contract until the leg and thigh became completely flexed; it then gave two or three convulsive twitches and became perfectly paralyzed in regard to motion, for a minute or so, and then gradually regained its power, but not so suddenly as before. The attacks now also came on during sleep, and he complained of a sensation of falling out of bed. Previous to this I had done nothing for him. My first impression was that it was the result of an irritation in the first passages from worms or crudities, reflected upon the muscles of

voluntary motion, through the medium of the spinal marrow, and I commenced my medication in accordance with these views. I gave calomel, pink root, spts. turpentine, &c., until I was fully satisfied that the fault was not in the stomach and bowels. By this time the affection had extended to the right arm, which was drawn up at the time in the same manner and with the same effect as the leg. I now turned my attention to the spinal marrow as the immediate seat of the disease, but after a most careful examination of the whole spinal column I could not detect the least tenderness in any part of it; yet so fully was I satisfied that the disease consisted in a sub-inflammatory state of the meninges of the spinal marrow, or roots of the nerves, that I laid a blister over the spine, reaching from the occiput to the loins; as the blister began to irritate, the spasms were decidedly increased, which confirmed me in my views of the pathology of the case. After the first irritation of the blister had abated, the spasms abated, and in a few days he was as well as usual.

After continuing well for about four weeks, he had a renewal of the disease, which now assumed a much graver form, and proceeded rapidly to complete development. He had at that time seven spasms in pretty quick succession; the spasms extended to the left leg, then to the left arm, and then to the head. The disease was now fully formed, and underwent no change until it was subdued, which was about the first of April. The leg and arm of the right side were in a tonic spasm; the left leg and arm in constant motion of flexion and extension; and his head in violent motion backward and forward as far as it could possibly go. The spasms were very violent, and lasted from one to two or three minutes. He was perfectly conscious, and would answer any question put to him, although it evidently hurt him to speak, as there was some spasm about the muscles of the throat and mouth. In consequence of the good effects of blistering in the first attack, I again returned to their use, but as the lower limbs appeared to be the first attacked I applied them to the lower part of the spine; I repeated them again and again, but they did no good; I leached him at the base of the occiput, gave him blue pill and ext. hyoscyamus, opium, &c.; but the disease increased most fearfully, and he soon had as many as fifty convulsions in a night. He could not be left alone a moment, as it was necessary for at least two persons to stand by him, to hold his limbs, but more particularly his head. He was perfectly aware of their approach, and would speak to those with him to hold his head. The paroxysms were now productive of severe pain while they lasted, and from their frequent recurrence kept him paralyzed, so that he could use his limbs but very little; he was almost entirely deprived of sleep, and was fast declining in every respect.

I now called in Dr. Comstock, an aged and respectable practitioner, who had been long engaged in practice, but he said he had never seen a similar case. He was of opinion that the disease was in the brain and would ultimately prove fatal. I consulted, by letter, Professor Ives, of New Haven, who wrote me he had never seen a similar case. He recommended pellitory, assafetida, &c., which I tried without the least effect; I now tried warm bath, empl. stramonium to spine, with cordials; all did

no good, and I sent to New Haven for Professor Tully. Before he arrived my son became so much worse that I resolved to try opium in large doses, to procure if possible a little respite from his sufferings. I gave him almost two grains of opium every two hours for ten or twelve hours; he then became quiet and slept two hours.

During this period of quietude Dr. Tully arrived; soon after his arrival the spasms returned with as much violence as ever. Dr. Tully said he had never seen a parallel case, but he coincided with me in regard to the seat of the disease, and recommended a continuance of the opium in sufficient doses to quiet the spasms. It was accordingly continued through the night in large doses, and he slept about four hours, but the next day they resumed their former violence, and as he was evidently suffering from the effects of the narcotic I discontinued its use. By the advice of Dr. Tully, I now gave him the twentieth of a grain of strychnine, and I am quite sure that if I had repeated the dose it would have destroyed him. It brought on a complete tetanic state of the whole body, which was truly awful, and from which he suffered most cruelly. I immediately gave him some ipecac., which soon produced vomiting and relieved him of the tetanic symptoms, but left him very much prostrated.

Although he had been extensively and repeatedly blistered, as everything else had failed to relieve him I resolved once more to resort to that remedy as a last effort, promising myself that if it failed I would desist and leave the case, at least for a time, to nature; I therefore spread two blisters, each twelve inches long, and placed one on each side of the spine from the base of the skull downward. He suffered very much during the time the blisters were drawing, but as soon as the vesication was complete the spasms began to abate in violence and frequency, and in the course of a week left him entirely, and have never returned. He regained his health rapidly, and has enjoyed good health ever since. Counter-irritation I am satisfied was the principal agent in subduing his disease; and if I had in the second attack, as in the first, applied it to the upper instead of the lower portion of the spine, I am satisfied that he would have recovered much sooner. The fact was, I blistered below the seat of the disease, and of course did no good.

Remarks.—This peculiar form of convulsion I believe always depends upon irritation of the spinal marrow either direct or indirect. In the case of my son the irritation was direct, and depended upon a sub-inflammatory condition of the meninges of the medulla or roots of the nerves. In Dr. Barton's case the irritation was indirect, and reflected from the stomach and bowels in consequence of an irritation produced there from acid ingesta, as the result of the treatment most conclusively proves.

The treatment of this disease, when it depends upon worms or other irritating substances in the first passages, is of course very simple. If there is reason to suspect worms, a strong decoction of pink-root, followed in an hour or two with a table-spoonful of castor oil and a tea-spoonful of spirits turpentine, is the most certain vermifuge I have ever tried. If upon other derangements of the stomach and bowels, the appropriate remedies will suggest themselves to any judicious physician. When it

depends upon a primary affection of the medulla spinalis, the treatment is more complicated and difficult; a variety of modifying circumstances will of course vary the treatment in different cases. After due attention has been paid to the state of the stomach and bowels, I consider counter-irritation of the first importance; I prefer blisters to all other modes of counter-irritation; I would also use alteratives, particularly the protoiodide of mercury combined with extract of conium or hyoscyamus, especially if there was a scrofulous condition of the system. The other preparations of iodine may also be advantageously employed, as the hydriodate of potassium, or if there is much debility iodide of iron. I do not pretend to lay down a course of treatment from observations drawn from a single case; I have only thrown out a few suggestions, thinking that they might possibly be of some use to those who may hereafter be called to treat this novel affection.—*Amer. Jour. of Med. Sciences.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

APRIL 19, 1843.

*Elements of Materia Medica and Therapeutics.**—No publication, legitimately belonging to the profession, has given us more pleasure than the great work of Dr. Pereira. Much praise is due the publishers for bringing out such a voluminous and costly work in an American dress. Although parts have been omitted in this edition which were appropriate in the English copy, Dr. Carson, of Philadelphia, has made notes and additions which more than counterbalance any apparent loss. It would be quite a laborious undertaking to particularize the excellences of this very admirable system of materia medica. The author displays a world of learning, and yet is never tedious. But one important circumstance is, that there is not an article known to civilized man, from the earliest times down to the last chemical discovery, in the way of medicine, that is not presented to the reader. There is an orderly arrangement, too, which is equally serviceable. Were we to attempt an exact description of the contents of this work, the titles of the chapters alone would occupy more space than we can spare.

Reviewers will spring up in abundance to designate its beauties and defects, as a thing of course, especially as it has passed through the condensing ordeal of Dr. Carson. Let them say, however, what they may, it cannot alter the destiny of the book, which is a high one; and we urge it therefore upon physicians, wherever these observations may circulate, to procure it at once. As circumstances permit, from time to time, such notices, extracts, &c., will have place, as may tend to unfold the claims of

* The Elements of Materia Medica and Therapeutics. By Jonathan Pereira, M.D., F.R.S., &c., with numerous illustrations. From the second London edition, enlarged and improved, with notes and additions by Joseph Carson, M.D., Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy, and one of the editors of the American Journal of Pharmacy. Philadelphia: Lea & Blanchard. 1843. Two vols. 8vo., pp. 1556.

an unsurpassed system of *materia medica* and therapeutics, to our medical friends. We cannot forbear expressing our individual thanks to Messrs. Lea & Blanchard, and to Dr. Carson, for placing within the reach of students, for about six dollars, two elegant volumes which cost fourteen in the London market.

Meteorology.—Reference has been made, in times past, to the indefatigable industry of Dr. Samuel Forry, of New York. He grapples with subjects that no one else engages in with such zeal or success. The latest of his scientific productions is entitled—“*METEOROLOGY: comprising a description of the atmosphere and its phenomena, the laws of climate in general, and especially the climatic features peculiar to the region of the United States; with remarks upon the climates of the ancient world, as based upon fossil geology.*” The chart of his investigations is exceedingly extensive, embracing an ample domain for the exercise of a genius for philosophical researches. An essential defect, growing out of the manner in which it is published, is that there is no index: the leaves must be turned and returned till one is weary, to find any particular subject. Hoping soon to see the work assume some new form, with all the appropriate fixtures of a regularly-constructed book, including a firm cover, we shall offer no other objections to its mechanical dress. We give Dr. Forry full measure of credit for learned, patient investigation. He has no competitor in the departments in which he is engaged. Long may he live to gather new laurels for himself, while he diffuses knowledge among men.

Each chapter is divided into sections, and each topic, therefore, embraced in the broad term *meteorology*, is elaborately discussed. The first leading consideration, is the *atmosphere and its phenomena*; second, *climatology, or researches in elucidation of the laws of climate in general, and especially the climatic features peculiar to the region of the United States*. The article on *ancient climates* is from the pen of Dr. Charles A. Lee—and is a curious and interesting inquiry. Interwoven with the main text, are many excellent illustrations on wood, explaining, for example, *parhelia* or mock suns, *spectre of the Brocken*, *zodiacal light*, &c. besides diagrams of various kinds, extremely interesting to philosophical inquirers.

Transactions of the Medical Society of the State of New York.—Part III., Vol. V., brought down to February, 1843, has been issued. Some good things are noticeable in this No. The prize dissertation on the Nervous System, by Nathan S. Davis, M.D., is well executed. He is certainly a thinking man, and belongs to the workers. Homœopathy illustrated, by Thomas W. Blatchford, M.D., delivered in Troy, 1842, before the Rensselaer County Medical Society, is called, in a resolve of the members, “an ingenious and interesting address”—and so it is. Article 10th is on insanity, by the late President of the Society, C. B. Coventry, M.D., which we have not yet had time for reading attentively. Lastly, there follow the doings at the late annual meeting, as minutely given as could be wished. Dr. Samuel White was elected president for the next term. Drs William W. Minor, Peter Van O’Linda, John Hepron, Matthias B. Bellows, Samuel Shumway and Samuel Maxwell, were nominat-

ed to the Board of Regents of the University, for the honorary degree of Doctor in Medicine. All the materials of this part of the fifth volume possess a sterling value.

New York Journal of Medicine.—Samuel Forry, M.D., whose name appears in the Journal to-day, in connection with an interesting department of science, has been secured in the capacity of editor of a new medical periodical, to be called the *New York Journal of Medicine and the Collateral Sciences*. It is to be published by the highly respectable and enterprising house of J. & H. G. Langley. The price is fixed at \$5, in advance, the Nos. to appear at intervals of two months. It is wholly unnecessary to speak of the distinguished qualifications of Dr. Forry for undertaking this publication. The entire élite of the profession in New York approve of the plan, and will undoubtedly render efficient and substantial aid in giving it perpetuity. Dr. Forry has our very best wishes for his success, and we cheerfully tender him any neighborly assistance in our power towards facilitating the labors of the chair. We extract the following from the prospectus:

"The *New York Journal of Medicine* will contain in each No. 144 ample octavo pages; and in addition to this there will be furnished to each subscriber, the first volume, that is, *the third part*, of a translation of Velpeau's '*Nouveaux Elémens de Médecine Opératoire*,' containing in the original 3083 pages, independent of an atlas in quarto of 22 engraved plates. This great surgical work is now being translated by an able physician of New York, and the subject matter will be submitted to the inspection and supervision of Dr. Valentine Mott, from whose manuscript lectures, notes and cases, there will be incorporated with the text, in brackets, several hundred pages of new matter, presenting a more clear, detailed and exact account than has ever before been published of the great capital operations performed by that eminent surgeon, and of all the leading new operations and processes of surgical cure established by him. There will also be added whatever has occurred of interest in relation to the discoveries and improvements in surgery, both in this country and in Europe, since the publication of the last edition of Velpeau, in 1839."

The New England Quarterly Journal.—In the No. of the *Western Journal* for July, 1842, edited by Drs. Drake, Yandell and Colescott, a friendly notice was introduced of the advent of the *New England Quarterly*, in which the following paragraph occurs—"Some of our exchanges—the *New York Lancet*, for example—predict that it will be a failure, on account of its *trimes-trial* character, and express a doubt whether anything can succeed, save a cheap weekly journal. With due deference to them we think differently. The rage (if such there be) for hebdomadals, will be short-lived and work its own cure." "On the whole, we augur very favorably of this periodical." Commendatory notices were also bestowed upon it by other scientific journals—and we saw no reason to doubt of a respectable portion, at least, of the success which we knew it would merit. To our extreme regret, however, we learn that the loss in publishing it for one year is such as utterly to discourage the proprietor. With all the sustaining power that was enlisted in its favor, embracing medical papers from the

very best sources, the number of subscribers has not much exceeded one hundred; and with the fourth number the *New England Quarterly Journal* is actually expected to breathe its last. While it was alive, no other was likely to be projected; but it will not be long before some adventurer will step into the ring, with a prospectus for another *Medical Journal*—put his shoulder to the wheel—plead the public's desire for a new one—enlist the sympathies of many, who patronize without paying, to aid a new beginner, sighing for literary distinction—and at the end of the year it will in all probability be ready for an epitaph, but perhaps far less deserving of one than the *Journal* whose death is here announced.

Pauper Idiots and Lunatics in Massachusetts.—An abstract of the returns from the several towns, Jails and Houses of Correction in the commonwealth, concerning the condition of pauper idiots and lunatics in almshouses, and various kinds of prisons known to this part of the country, has been published by order of the House of Representatives. We scarcely know where to copy or where not to make extracts. A mass of curious and interesting matter is concentrated in this document, which cannot fail of giving important assistance in all legislative action in regard to these unfortunate beings.

"The returns from the Jails and Houses of Correction," says the Secretary, "exhibit the following facts:

"Whole number of Idiots and Lunatics during the year, 76. Of these, the number of Idiots was 10; the number described as Lunatics, 62; the number undescribed, 4.

"These inmates have been distributed among the several Institutions, as follows:

"1. JAILS.—Concord, 3; Newburyport, 1; Lenox, 2; Plymouth, 1; Salem, 3; Springfield, 1; Worcester, 6. Total, 17.

"2. HOUSES OF CORRECTION.—Dedham, 3; New Bedford, 1; Cambridge, 27; Ipswich, 28. Total, 59.

"In no case is a physician said to be employed for the mental malady.

"The number described as "furiously mad" is 9; of those who are said to be "occasionally" furious, 19; of those who are said never to be furious, 44. Total, 72.

"There are four cases in which some kind of bodily restraint, (viz., straps,) is said to be occasionally resorted to. In 69 cases it is asserted that nothing of the kind is used. In three cases, nothing is said.

"Returns have been seasonably made by 235 of the 307 towns and cities in the Commonwealth, leaving 72 from which nothing was heard when the tables were prepared. Two or three of these, however, have subsequently made returns.

"In the towns heard from, the whole number of paupers described as Insane, is 367; as Idiots, 243; undescribed, 25. Whole number, of both classes, 635.

"In almshouses, 361. In private houses, 204. The remainder undescribed, as to residence.

"Thirty-three of the cases are those of persons whose disease is said to be of not more than three years' continuance. The average length, however, of the disease, is given at 21 7-12 years.

"Of the furiously mad, the number is 32; of the occasionally furious, the number is 224.

"Among the means of coercion are chains, hand-cuffs, straps, 'hospital muffs,' wristbands, cords and straight-jacket.

"Of these 367 lunatics, only 134 are said to have been at any time in any hospital; and in but 23, out of 635 cases, are medical attendants ever employed for the intellectual disease.

"Sixty-three of these poor wretches are State paupers, and 511 are described as town paupers. The average cost of their support, per week, is \$1 21. As to exercise, ventilation, warmth, cleanliness, &c., the tables contain such information as the returns set forth. But there are so many cases left blank, and so many others in which the statement is vague, that a thousand horrors may exist undetected by the law.

"The memorial of Miss Dix, with its thrilling and horrible details in regard to many of the places which she visited and examined, induced me to pay particular attention to the returns of some of these towns; but this inspection only served to show how slight a picture of living truth may be made to constitute, in the judgment of the Overseers, a sufficient return."

Reply to the Hon. Mr. Hodges's Note of March 29th.—To the Editor.
 —Sir.—I noticed in your paper of March 29, 1843, a communication headed, Brass Ratchets and Corslets, from the Hon. James L. Hodges, of Taunton, which I beg leave to notice. First, then, I assert that to this honorable gentleman's son I never at any period applied, nor advised the application of, the ratchets or corslets. The case of his son was one for which the ratchets are never used by me, nor would they be at all applicable to a posterior curve located in the lumbar vertebræ. I can hardly believe that article to have originated from the pen of that honorable gentleman; there is so much falsehood in it, that I am slow to believe his pen produced it. The facts in the case are simply these:—Mr. H. placed his son under my care in Worcester, and boarded him with Dr. Brewster. I attended him but a very short time, during which he was improving, when Dr. Brewster informed me that Mr. H. requested him to take charge of his son and treat him. I accordingly relinquished my charge of him to Dr. B. After he had been treated some time by Dr. B., he requested me to see him, saying he had so far recovered as to make it desirable to apply the corslets. I accordingly called and examined the lad, and to my astonishment I found that the disease had progressed; and so far from being in a condition proper for the application of the corslets, he was much farther from it than when I relinquished him. This opinion I gave to Dr. B., and thought it my duty to state the facts to Mr. Hodges, with as much kindness to Dr. B. as truth would justify. I accordingly did so. Not long after this, Mr. Hodges came to Worcester, and he must know very well that I had no agency whatever in applying any instruments as described in his note, nor do I know what application Dr. B. made after he came, nor what he wore away. Dr. B. doubtless, by improper representations, induced Mr. H. to allow him to make the applications, and Mr. H. certainly had the right so to do; but he has no right to ascribe to me the acts of another, or charge me with the bad management of a third person.

Boston, April 5, 1843.

A. ABE, M.D.

Foreign Body removed from the Bronchus by Tracheotomy.—A man, 24 years of age, having eaten some cherries, one of the stones found its way into the trachea. Next day, when seen by his medical adviser, the patient, though he had but little pain or cough, experienced, with much difficulty of breathing, a perceptible sensation of something rising in the chest at each access of cough or full expiration. The surgeon decided upon performing tracheotomy, and trusting afterwards to the efforts of the cough to get rid of the stone. An incision was made dividing three of the tracheal rings. The practitioner introduced his finger into the trachea, which caused a fit of coughing, and the patient felt the stone move and rise in the chest. The introduction of the finger was twice renewed; and on the third occasion it was not withdrawn until it had provoked a cough of much violence, which, on the hasty withdrawal of the fingers, expelled the stone through the opening. The wound healed in a fortnight. —*Medicinische Zeitung.*

Medical Miscellany.—Dr. Benjamin Barrett, of Northampton, Mass., has made a generous donation to that town of a site for a female high school.—Dr. William J. Sloan, Assistant Surgeon, U. S. A., is to be stationed at Fort Washita.—The Grenada, Miss. Register, relates that an entire family, residing near Yazoo Pass, were so poisoned by eating peaches dried on a painted board, that they all died—father, mother, a son and daughter.—Surgeon E. Du Barry is appointed to the frigate *Macedonia*, and is also to be Fleet Surgeon of the African squadron.—The yellow fever has broken out on board the U. S. frigate *Independence*, now at St. Pierre, Martinique.—Dr. D. G. Robinson is the author of a play in three acts, called the *Reformed Drunkard*, that meets with great applause.—James Stuart, a native of Charleston, S. C., now in Scotland, poor and neglected, has reached the great age of 114. He is a relative of the Pretender; has been married five times, and is the father of twenty-one children. He was an ensign under Gen. Wolf, at the taking of Quebec, and also at the battle of Bunker Hill.—A man is lecturing in Boston, who says he has not slept for fifty-two months; sleep, therefore, he considers wholly unnecessary—it being time lost—which is proved in any one of his lectures, at the price of twenty-five cents!

ERRATUM.—In No. 9, page 177, line 15, for ung. hyd. portion, read ung. hyd. fort.

MARRIED.—In this city, John A. Cummings, M.D., to Miss Frances Maria Dexter.—In Somers, Conn., Wm. B. Woods, M.D., of Windsor Locks, to Miss Harriet Sophia Morgan.

DIED.—At Waltham, Mass., Dr. Joseph Bond, Jr., 42.—At St. Johns. N. F., William Carson, M.D., 75, late Speaker of the Assembly.

Number of deaths in Boston, for the week ending April 15, 29.—Males, 30; Females, 9. Stillborn, 4. Of consumption, 6—lung fever, 2—ulcers, 1—tumor, 1—pleurisy fever, 1—scarlet fever, 1—scrofula, 1—dropsy in the head, 1—infantile, 2—debility, 2—canker, 1—smallpox and erysipelas, 1—croup, 1—marasmus, 2—inflammation of the brain, 1—ulcers in the head, 1—inflammation of the bowels, 2—suicide, 1—unknown, 1.
Under 5 years, 10—between 5 and 20 years, 4—between 20 and 60 years, 12—over 60 years, 3.

Dropsy of the Os Uteri.—Under this name M. Jobert describes tumefaction of the mouth and neck of the uterus, which most frequently occurs among women of a lymphatic temperament, being, according to his observations, confined to those who have never borne a child, and who menstruate but feebly. Examined by the aid of the speculum, the os uteri is seen to be so much swollen as almost wholly to conceal the orifice, and it gives on pressure a sense of fluctuation. It is uniformly pale and flabby, and may sometimes be ulcerated, but it is not in general organically diseased. On carefully introducing a bougie through the orifice, a quantity of transparent, flocky, light-colored fluid usually escapes from the cavity of the uterus; and; at the same time, the neck and mouth become relieved of a portion of their tumefaction. This event may happen consequent on a spontaneous discharge of the fluid, and always attends more or less the recurrence of the menstrual discharge. The cause of the affection has been attributed to a distension and superabundant secretion of the glandular follicles of the neck and mouth of the uterus. For its treatment after the evacuation of the contents of the uterus, M. Jobert advises free incisions to be made in the os uteri, in the direction from centre to circumference (*dans le sens des commissures*). The granulation of the wounds thus made, produces concurrently, as he says, an enlargement of the orifice of the uterus, which effectually obviates a return of the disease.—*Lon. Lancet*.

Remarkable Case of Congenital Small-pox.—A woman, twenty-four years of age, entered the Maternity Hospital in Paris to pass her first confinement. Labor commenced two days after her arrival; and after the lapse of fourteen hours (*jours*, says the original, but this is evidently an error, she was delivered of a female child. The face, scalp, and different parts of the child's body were covered by a pustular eruption, which was soon recognized to be veritable small-pox. The mother retained the marks of vaccination, and stated that she had never had the small-pox; nor during her pregnancy had she had connection with persons suffering under that disease, nor even heard of its prevalence in her neighborhood. Only, about eight or ten days before, she had gone to see a patient at La Pitié, near whom lay another patient in the small-pox. She had paid no attention to this circumstance till recalled to her recollection by minute inquiries. No untoward effects ensued, either to mother or child, and both left the hospital in perfect health soon afterwards.—*Bulletin de l'Acad. Royale*.

Icterus in New-born Children—appearance in the Kidneys.—In new-born children who have died jaundiced, Dr. Cless, of Stutgard, has remarked some striking pathological alterations in the kidneys. On cutting into these, the papillæ of tubuli uriniferi are found to be filled with some reddish-yellow matter, and on squeezing them, a quantity of yellow granules, as minute as vegetable pollen, may be forced out. These granules are insoluble either in alcohol or in water at any temperature; but their chemical composition does not appear to have been yet fully inquired into.—*London Lancet*.